

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005225

FILED
Apr 25, 2018
Secretary of State
CC1321907033

Entity Name: AMERICAN BUILDERS INSURANCE COMPANY

Current Principal Place of Business:

2410 PACES FERRY RD
STE 300
ATLANTA, GA 30339

Current Mailing Address:

P.O. BOX 723099
ATLANTA, GA 31139

FEI Number: 56-1410015

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MITCHELL, PATRICK J
Address 2410 PACES FERRY RD, STE. 300
City-State-Zip: ATLANTA GA 30339

Title VD
Name KRAUSE, GREG R
Address 2410 PACES FERRY RD STE 300
City-State-Zip: ATLANTA GA 30339

Title VD
Name MCMURRAY, LINDA R
Address 2410 PACES FERRY RD STE. 300
City-State-Zip: ATLANTA GA 30339

Title CFO & TREASURER
Name PALIN, GLORIA RENEE
Address 2410 PACES FERRY RD
STE 300
City-State-Zip: ATLANTA GA 30339

Title VS
Name EDWARDS, CRAIG R
Address 2410 PACES FERRY ROAD, SUITE 300
City-State-Zip: ATLANTA GA 30339

Title V
Name MAUPIN, THOMAS S
Address 2410 PACES FERRY ROAD, SUITE 300
City-State-Zip: ATLANTA GA 30339

Title SVP
Name GROMEK, MARK
Address 2410 PACES FERRY RD
STE 300
City-State-Zip: ATLANTA GA 30339

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG R EDWARDS

VS

04/25/2018

Electronic Signature of Signing Officer/Director Detail

Date